

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **01/19/2026** Time of Crash **0608** 24HR

City/Town **Auburn**

Number Vehicles **2** Number Injured **0** Speed Limit **30**
 State Police Local Police
 MBTA Police Campus Police
 Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 1

Route# _____ Direction _____ Name of Roadway/Street _____
 At _____

2 10
 Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
 _____ Feet **N S E X** of _____ • _____ or _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Also at Intersection with _____

2 11
 _____ Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____
 _____ Feet **N S E W** of _____ Landmark _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped

2 12
 Crash Report ID# **26-28-AC**

License # **S45080833** St **MA** DOB/Age **10/05/1984**

Reg # **M6290A** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
 Endorsement _____

Veh Year **2019** Veh Make **FORD** Veh Config. **2** 21

Operator **BUZANOSKI, MARCUS RICHARD**
 Last **BUZANOSKI** First **MARCUS** Middle **RICHARD**

Owner **AUBURN TOWN OF**
 Last **AUBURN** First **TOWN OF** Middle _____

Address **1181 SCHOOL ST**

Address **104 CENTRAL ST**

City **WEBSTER** State **MA** Zip **01570-3034**

City **AUBURN** State **MA** Zip **01501-2310**

Insurance Company **PILGRIM INSURANCE COMPANY**

Vehicle Action Prior to Crash **1** 22

Vehicle Travel Direction: **N S E X** Responding to Emergency? **2**

Damaged Area Code: **5** 27 27 27

Citation # (If Issued) _____

Test Status: **1** 28

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Type of Test: **0** 29

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

BAC Test Result: **30**

Driver Contributing Code **1** 25 25

Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Driver Distracted by **0** 26 26

Towed from scene? **2** 33

Please fill out for operator and all occupants involved

Name (Last First Middle) _____ Address _____

DOB/Age _____ Sex _____ 34 Seat Pos. _____ 35 Safety System _____ 36 Airbag Status _____ 37 Eject Code _____ 38 Trap Code _____ 39 Injury Status _____ 40 Transp. Code _____ Medical Facility _____

Operator See Above

1 1 4 0 0 10 1

7 1
 Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Reg # **6MYV87** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
 Endorsement _____

Veh Year **2010** Veh Make **CHEVROLET** Veh Config. **1** 21

Operator **GRANVILLE, JEFFREY K**
 Last **GRANVILLE** First **JEFFREY** Middle **K**

Owner **GRANVILLE, JEFFREY K**
 Last **GRANVILLE** First **JEFFREY** Middle _____

Address **52 PLANTATION ST APT 1**

Address **52 PLANTATION ST APT 1**

City **WORCESTER** State **MA** Zip **01604-5058**

City **WORCESTER** State **MA** Zip **01604-5058**

Insurance Company **PROGRESSIVE DIRECT INSURA**

Vehicle Action Prior to Crash **1** 22

Vehicle Travel Direction: **N S E X** Responding to Emergency? **2**

Damaged Area Code: **1** 27 27 27

Citation # (If Issued) _____

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Operator/Occupants See Above

1 1 4 0 0 10 1

